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Anderson, R.J.

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ISBN: 0-8186-7417-2

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**Abstract:**

The protection of personal health information has become a live issue in a number of countries, including the USA, Canada, Britain and Germany. The debate has been on for some time, and there is widespread confusion about what should be protected, and why. Definitions of security in military and banking systems can refer to Bell & LaPadula (1973) and Clark & Wilson (1987) respectively, but there is no comparable security policy model that is suitable for clinical information systems. In this article, we propose such a model. It was commissioned by doctors and is driven by medical ethics. It is informed by the actual threats to **privacy**, and reflects current best clinical practice. The effect is to restrict both the number of users who can access any record and the number of records accessed by any user. This entails controlling information flow rather than down and enforcing a strong notification property. We discuss it in comparison with existing security policy models, and its possible use in other applications where information exposure must be localised; these range from private banking to the management of intelligence data.

**Index Terms:**

**medical** information systems; security of data; data **privacy**; DP management; security policy model; clinical information systems; personal health information protection; medical ethics; **privacy** threats; restricted user numbers; restricted record numbers; information flow control; strong notification property enforcement; localized information exposure; private banking; intelligence data management

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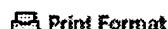
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